REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 7-29-05 2 Serial/Patent # 10/525019					
3 Please refund the following fee(s):	4 PAPI NUMI		5 DATE FILED	6 AMOUNT	
Filing				\$	
Amendment				\$	
Extension of Time				\$	
Notice of Appeal/Appeal				\$	
Petition		3		\$	
Issue				\$	
Cert of Correction/Terminal Disc.				\$	
Maintenance				\$	
Assignment				\$	
Other				\$	
	7 TOTAL AMOUNT OF REFUND \$10		\$100.00		
	8 TO	BE R	EFUNDED B	Y:	
10 REASON:	Treasury Check				
Overpayment	✓ Credit Depo			osit A/C #:	
Duplicate Payment	,	9 []	5 0	461	
No Fee Due (Explanation):		<u></u>			
Lee Gode Canzaction					
·					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: <u>B. β. C</u>			TITLE:		
SIGNATURE: 6000			ONE:		
OFFICE: PCT DO EO Renlin. Ref: 87/29/2885 RCAMPREL 884520202020					
THIS SPACE RESERVED FOR FINANCE USE ONLY:  FC: 9284  \$108.88 CR					
APPROVED:	DATE	<b>.</b> _	<del> </del>		
				·	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

PORM PTO 1577 (01/90)